WRITE PLAINLY, WITH UNFADING INK-THIS IS

A PERMANENT RECORD

i	
No.	
02	
>	

Village or City Bar Frostburg (No	OF MARYLAND ATE OF DEATH ation Dist. No. /68
Jewsle Hute Single, Married, Widowed, Songle of Date of Birth  Jan 3/ 1914  (Month) (Day (Year)  Tage If Less than 1 day, hrs. OR min.?  BOCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Maylor Contributory  Secondary  18 DATE OF DEATH A STATE O	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
Ferrale  Plut  MARRIED, ORDINORCED ORDINORCED ORDINORCED (Write the word)  17 I HEREBY CER  Acc. 18 191  That I last saw h alive on and that death occurred on the I day, hrs. OR min.?  BOCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  MARRIED, OR WORD  17 I HEREBY CER  Acc. 18 191  That I last saw h alive on and that death occurred on the The CAUSE OF DEATH* was  Contributory. Secondary  Contributory. Secondary  (Signed)  Contributory. Secondary  (Signed)  Contributory. Secondary  (Signed)  Contributory. Secondary	FICATE OF DEATH
TAGE  (Month) (Day (Year)  (Mo	IFY, That I attended deceased fro
SOCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  SEIRTHPLACE (State or country)  MAME OF FATHER  Philip Bake  (Signed)  (Signed)  (Signed)  (Signed)	Dec. 19, 191/3  Dec. 19, 191/3
(b) General nature of Industry, business, or establishment In which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Philip Bake (Signed)  (Signed)  (Signed)	
10 NAME OF Philip Baker (Signed) a. R. St.	Ouration) yrs mos 3
OFFATHER OFFATHER	Ouration) yrs mos
(State of country)  *State the Disease Causin Causes, state (1) Means of Tal, Suicidal, or Homicidal.	DEATH, or, in deaths from Viole; Injuax; and (2) whether Accide
13 BIRTHPLACE OF MOTHER (State or country)  Permoylvania  At place of death	In the state yes, most most manager to the state most most most most most most most most
(Informant) Philip Baker   If not at place of death?————————————————————————————————————	
16 Filed Jan 3-, 1916 Thomas Jordan 20 UNDERTAKER  REGISTRAR  REGISTRAR	ADDRESS

[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercalesis of lungs, meninges, peritonacum, etc., Carcin-

Accidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL perilonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeeause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nuere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; natural neart discuse; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. genital," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head "Seuile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of For vio



#### ō back

Yery

10

PHYSICIANS should of OCCUPATION IS

RECORD

PERMANENT

THIS

INK

UNFADING

AGE

supplied. pe

may

80

ā

=

DEAT

10

0

ż

Important. Every Ite

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.:----Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 10 000 cm 1 day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory. (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death ..... yrs. .... mos. .... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted, 14 THE ABOVE IS TRUE EST OF MY KNOWLEDGE If not at place of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 16

Ilf death occurred in

(Year)

a hospital or institution.

give its NAME Instead of street and number. ]

(Day

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)applies to each and every person, irrespective of age. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (secondary or intercurrent) Never report



	1		ш	
100	. (	ر	_	
	3	1	ed	
	>	<	40	
00	. 1	u	57	
1-	. 1	0	65	
2		2 6	O	
2		2	Y	
<		0	0	4
2	- 4	0	de	ŀ
L	1	Ö	20	7
0		20	-	
4		S	ģ	-
E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R. R.	2 6	D. Every item of information should be carefully supplied. Act should be stated EAACIL	should state CAUSE OF DEATH In plain terms, so that it may be properly classified. E	OCCIDATION is your improper Age instructions of Local Section
U.	2	Ź	ī	1
ī				1
1	3	0	13	1
J	. :	-	+	
Ž		0	20	1
-		7		
2		7	F	9
2			E	i
9	4	-	2	9
L		L	E	
2		0	65	0
_	9	U	12.	U
T	- 3	3	=	
Ξ			I	-
3		5	H	9
-		0	٩	1
			ö	8
2		9	ls.	-
4		3	0	3
4	-	5	Ы	9
Eal		0	S	7
	10		2	-
			Ö	2
-		0		C
	8	=	at	F
	6	0	15	20
	***	-	0	7
	1	5	3	5
:	9	0	9	C
	L	i	40	C
	1			
	- 0			

ż

Village or City Kernflon W.Va.  21708  Village or City Kernflon Be	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No.  St; Ward)  [If death occorred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS  3 SEX' 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED WIDOWED OR DIVORCED OR DIVORCED WITH WORK THE WORD  7 AGE (Month) 2 (Day) 7 AGE (Mon	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month) 99 (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  22 ,1915, to 22 ,1915,  that I last saw h in alive of 22 ,1915,  and that death occurred on the date stated above, at Milmore  The CAUSE OF DEATH * was as follows:  Hall Millimore  Mi
bosiness, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Continuous Becker  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Surelien) yrs mes de (Signed) (Address) (Address) (Address) (Burelien) yrs mes de (Signed) (Address) (Address) (Address) yrs mes de (Signed) (Address) (Addr
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Infermant)  (Address)  (Ad	of death yrs. moe. ds. Stete, yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Thomas Was Address  20 UNDERTAKER  F. Rollman Johnson Was  6 W. Saratoga St., Balto., Roguesting V. S. No. I.



[Approved by U. S. Census and American Public Health
Association.]

wife, Housework, or At Home, and children, not gainfully cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulonly when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Toreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in the second statement. For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," Never return (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

state MEANS OF INJURY and qualify as ACCIDENTAL, state MEANS OF INJURY and qualify as ACCIDENTAL, or as probably such, if impossible surgical operation was undertaken. For violent Deates etc., when a definite disease can be ascertained as the "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated "PUERPERAL perilonitis," etc. birth or miscarriage as "Puenpunal septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning; " "Old Age," "Shock," "Uraemia," "Weakness," by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull The contributory (secondary or intercur-State cause for which "Atrophy," "Colacid—probably



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is not important. See instructions on back of certificate. RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 7

1 PLACE OF DEATH 21709	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Fraulent (No. 1)	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Wille Word)	16 DATE OF DEATH DE 24, 191.4. (Month) (Day) (Year)
6 DATE OF BIRTH  Aug. 15-1915	that I last saw here alive on 12/24 1915
7 AGE	and that death occurred on the date stated above, at B, P, m,  The Course OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. 7 mos. 14 ds.
9 BIRTHPLACE (State or country) Maulsullo	Gentributory (Secondary)  (Secondary)  (Derátion) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OTHER O	(Signed) , 1915. (Address)  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Suttinger  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant)  (Intermant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
(Address) Paribuiles	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL  AMOUNT ON COMPANY 1915
FILED 181/5 Deury & BORE	20 UNDERTAKER ADDRESS STREETEN
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the husiness or indust j; and therefore an Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purremeal septichnemus," "Old Age," "Shock," "Traemia," "Weakness," ture of the American Medical Association.) "Contributory." injury, as fracture of skull and consequences (e. g. dent; Revolver wound of haad-homicide; Potsoned etc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "A sart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 State cause for or as probably Examples: For vio-



N. B.-Every CAUSE Import

B. No. 1.

PLACE OF DEATH

County egarrett 21710.	CERTIFICATE OF DEATH
VIIIage or City Mar Nolbin Willow, (No. 1900)	Registered No. C.  St; Ward)  Filst death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figurals White (Write the word)	16 DATE OF DEATH Securities 19, 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH  Figh. 2 1852  (Month) (Day) (Year)	that I last asw here silve on Decuber 1915
AGE 63 yrs 10 mos 17 ds. 0R	and that death occurred on the date stated above, at Pm. The GAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	(Doration) / yrs 6 mos ds.  Gontributory 6 condary)
10 NAME OF Galam Garer.  11 BIRTHPLACE	(Signed) Cruces d. Scher, M. D. Decula, 1915 (Address) Eglon, Mrg.
OF FATHER (State or country) Unknower  12 MAIDEN NAME OF MOTHER Saissanti Mitter  13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place  in the
(State or country) Waksiowen.  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:  (Informant)	of death yrs. mos. ds. State yrs, mos, ds.  Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Somewa W. Ve Rush #1  Filed Dec 21, 1815 Robb Lathrum	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Wolf Bringley Act. 2/, 1815  20 UNDERTAKER  ADDRESS
Dehh REGISTRAR	L. H. Warmer Godler Word

If mera blanka are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Mannger," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal For many occupations a single word or term on the Statement of occupation-Precise statement, of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) return "Laborer," Farmer or Planter, As examples: "Foreman,"

losis of lungs, meninges, peritonacum, etc... Carcinpneumonia"); Lobar pneumonia; Bronchopncumonia "Croup"); Typhoid fever (never report "Typhoid hrospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE

> cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicchildbirth or miscarriage, as "Puerperal septichac-mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms) ; Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maileture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can-Examples:



ż

State should OCCUPATION LA PHYSICIANS Exact statement EXACTLY stated classified. should properly AGE supplied. may be certificate. carefully 0 pe instructions on back terms, pinous piain of information 5 DEATH 8 ō

RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 5 SINGLE, widowed, harrison ordivorced (Write the word) DATE OF BIRTH 4 (Month) (Day (Year) S 7 AGE If LESS than UNFADING INK-THIS 1 day ..... hrs. OR ..... 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PLAINLY, WITH OF FATHER PARENTS (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country WRITE THE ABOVE IS TRU Item Importan Every It (Address)..... 15 m

1 PLACE OF DEATH



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

[If death occurred in a hospilal or institution, give its NAME instead ot street and number.]

MEDICA	L CERTIFIC	ATE OF	DEATH	BOATE !
16 DATE OF DEATH	Dec		20	1015
***********************	(Mont	, J	(Day	(Year)
17.0 I HERES	Y CERTIFY			ceased from
Dec. 18	1915 to	Nec	. 18	1914
b		de	. 18	df
hat I last saw h	alive on	••••••		11 (2)
ind that death occurred	on the date	stated a	bove, at	// C. m
The CAUSE OF DEATH	* was as fol	lows:		
Q <sub>1</sub>	***************************************	1	/	1
Velenon	any	Cul	ence	elor
1 4 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
	<b>V</b>	. 9		
***************************************	(Durati	01)	yrs	mcs ds
Contributory	***************************************	************		
	(Durat	tion)	yrs	mosds
(Signed)	rou	an		, М. О
Dec. 71 191 4	(Address) 5	Tron	1100	4.47
	(			
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEA CANS OF INJUICIDAL.	TH, or, lar; and	n deaths fr (2) wheth	om VIOLENT
18 LENGTH OF RESIDE	NCE (FOR HO	SPITALS, I	SHOTUTIONS	TRANSIENTS
At place		In the		
ot death yrs mo		State	yrs	mos ds
Where was disease contracted if not at piace of death?				
Former or	18 <del>6 6 6 6 6 6 6</del> 6 0 0 0 0 0 0 0 0 0 0 0 0	***************************************		***************************************
usual residence	***************	***************************************	***************	10000 State
19 PLACE OF BURIAL C	R REMOVAL		DATE OF B	URIAL
Finza cen	uteres	2	ec 23	7 1915
20 UNDERTAKER			ADDRESS	4
Louis	tant		# 1	for Con
Louas 1	ural		Handle.	200 0111

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa is very important, so that the relative healthful-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIPAL, or Inomicipal, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaccause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertalned as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemla" (merely symptomatic), "Atrophy," nuerc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The coutributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Measles (disease causing death), 29 ds.; (Recommendations on statement of For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURLYJED

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

PLACE OF DEATH

County Garrett	CERTIFICATE OF DEATH
Village or City Red House (No. 8	Registered No. 16.7  [If death occurred in a hospital or institution give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White (Write the word)	16 DATE OF DEATH Dec 30 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH  June 2, 1842  (Month) (Day) (Year)	that I last saw her alive on Dec 30 1915
TAGE  If LESS than 1 day, hrs.  ORmin.?  OCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in	and that death occurred on the date stated above, at
which employed (or employer)  BIRTHPLACE (State or country)	(Boration) yrs. mos. ds.  Contributory (Secondary)  (Buration) yrs. mos. ds.
10 NAME OF FATHER Saved Fiske  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF THE OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. Where was disease contracted, if not at place of death? Former or
(Address) Hambleton It 150  Filed Jan, 1 ,181 & Registran  Defit Registran  If more blanks are needed, address State Begistra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  JULY CENTRAL ADDRESS  Life. Hairor Siglar, H. Vo

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. scalled, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Denier," etc., without more precise specistatement. niaterial worked on may form part of the second it should he used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from husiness, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demondia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can he ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness, ampie: Measles (disease causing death), 29 cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Purperal scptichae cause. "Ileart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy, mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never repor affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory Aiways qualify ail diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: d8.



BINDING FOR MARGIN RESERVED

F. B. No. 1.

N. B.—Every ten of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH	STATE OF MARYLAND
	ounty Farrett	CERTIFICATE OF DEATH
U	ounty	166
1		Registered No. 100
ï	Village or City Waxland, (No	St; Ward) [If death occurred
		a hospital or institution give its NAME instead
	V. 1. 9. 1/2	of street and number.]
	FULL NAME	
-	PERSONAL AND S'ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	EX 4 COLOR OR RACE SINGLE, MARRIED, Marieral	16 DATE OF DEATH
	WIDOWED.	(Month) (Day) (Year)
_	Male While (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 0	PATE OF BIRTH	- 22 - 1 101 A 1 2 2 2 2 1 11 15
	May 24 1835	191
	(Month) (Day) (Year)	that i last aaw harmalive on N 1911
7 A	GIE If LESS than	and that death occurred on the date stated above, at 1020 Pm
	1 day,hrs.	The CAUSE OF BEATH* was as follows:
	yrsmosds.   ormin. ?	0
	CCUPATION) Trade, profession, or	Brusie
	rticular kind of work They Secretar	
(b)	General nature of industry,	***************************************
	iness, or establishment in Sich employed (or employer)	(Duration) yrs. mos. cs.
-	IRTHPLACE	- Contributory
(8	tate or country)	(Secondary)
_	110	(Ouration) yrs mos ds
	10 NAME OF STATHER STATE OF THE	(Signed) 77 (1/2 and makes
10	na m. Coma	DZa xx, 194 (Address) Dancand mid
ARENTS	11 BIRTHPLACE OFFATHER (State or country) Harfund Co. M.	
M		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
AR	OF MOTHER Smal Millias	TAL, SUICIDAL, OF HOMICIDAL.
۵		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	At place in the
-	(State or country) Fresh decre-	of death yrs. mos. ds. State yrs. mos. ds.
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOW LEDGE	Where was disease contracted, If not at place of death?
	Interment Henry Whereby M Chara	Former or
	Miles Inch	usual residence
	(Address) Wall land M.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	6n. 10.0	Canena NEa 2 8, 191 /-
CIL	on Dec, 22 rdios 5, Mark S. White	20 UNDERTAKER ADDRESS
Fil	Sepo, RECISTRAR	DE Park Sun Oansand
	If more bianks are newded, address State Registrar	
	man man man man man make mega tract	, v w. standing ot., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicchildbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Coilapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of .... Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (secondary or intercurrent) (name origin; "Can-State cause for Examples: 68.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

7. T. No. 1.

t p	LACE OF DEATH			STATE OF MAR	YLAND
County	Sarrett	217	14 (	CERTIFICATE OF	DEATH
	010	1	0	Registered	No. 166
Village or	City Cakla	nd (N	lo,	St;Ward)	[It death occurred in a huspital or Institution.
*	ULL NAME The	eresal 1	Doyle	mc Lissa	give its NAME instead of street and number.]
PE	RSONAL AND STATISTI	CAL PARTICULA	RS	MEDICAL CERTIFICATE OF	DEATH
3 SEX Ferras	l 4 COLOR OF RACE	Single,  MARRIED,  WIDOWED,  ORDIVORCED  (Write the wor	married do	(Month)  1 HEREBY CERTIFY, That I at	(Day) (Year)
6 DATE OF B	March (Month)	3nd (Day)	1 8 50 (Year)	that I last saw h a alive on DEC	
TAGE			if LESS than	and that death occurred on the date stated ab	ove. at Z 30 am
	65 yrs 9	mus. 23 ds.	1 day,hrs. ORmin.?	The CAUSE OF BEATH * was as follows:	
(a) Trade, profe particular kind	ssion, ur	*******************************	••••••••	Struptegin ?	
	stablishment in Nouse (ur empluyer)	keeper		(Durafies)	yrs mes 5 cs.
9 BIRTHPLAC (State or con	Entry) Confey	Village he norther	Eng.	Gentributory (Secondary)	VPP mue de
10 NAME FATH	OF John A	Doyle	,	(Signed) 7. O. Proposition	yrsds.
S II BIRTH	ATHER or country) Irela	000	41.216	7, 191 (Address)	and mol
M 12 MAIDI	EN NAME ALE	in flant	Ind.	*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (2 Tal., Suicidal, or Homicidal.	2) whether Acciden-
	or country) dred	land		18 LENGTH OF RESIDENCE (FOR MORPITALS. INS OR RECENT RESIDENTS) At place in the of death	YIS, MOS ds.
(Informant)	(A 1 b.	oderick	EDGE	Where was disease contracted, It not at place of death?  Former or usual residence	***************************************
(Addres	s) Okhland	and.		19 puter or purely as a	ATE OF BURIAL
Filed Be	28",1915, M	Parse S. L.	Unite REGISTRAR	20 ODERTAKER Bolder	PORESS ACLALON
	If more blanks are	needed, address i	State Registra	, 6 E. Franklin St., Balto, Requesting V. S. No.	1.

[Approved by U. S. Census and American Fublic Health Association.]

it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekceners fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the nigrass causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerpreal peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scotichae etc., when a definite disease can be ascertained as the "Teart failure," "Haemorrhage," "Inanition," "Maras-inus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malls. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. ample: Measles oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Miways qualify all diseases resulting "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," "Exhaustion, (name origin; "Candeath), 29 Examples: For VIOd8.



PERMANENT RECORD

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Darrit 21715	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Short Run (No	St.; Ward) [If death occurre a hospital or institution of the control of the cont
FULL NAME Lois victoria	Mirror of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenale 4 COLOR OR RACE 6 SINGLE, MARRIEO, Single WIDOWEO, OR OR OR OR OR OWN OF OWN OR OWN	16 DATE OF DEATH (Month) (Day), (Year
S DATE OF BIRTH Inclassifier 26 1915	17 I HEREBY CERTIFY, That I sttended deceased fr October 10, 1915, to 16, 191
(Month) (Day) (Year)	that I last saw h W alive on 6 ,191
7 AGE if LESS than 1 day,hrs.	and that death occurred on the date stated above, at
yrs. 7 mos. 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or Sparticular kind of work	Convulsions
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos /
9 BIRTHPLACE (State or country) Short Run, Jud -	(Secondary)  framaline child )  (Au Linder (Secondary)  framaline child )  (Au Linder (Secondary)  framaline child )  (Au Linder (Secondary)  framaline child )
10 NAME OF John B. Moor	(Signed) E. Fredson Willin M
M 11 BIRTHPLACE	Luc 17, 1915 (Address) Kuzmiller, Wa
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos,
(Informant) S. Judson Wille	If not at piace of death?  Former or  usual residence
(Address) / Citywiller, Med.	19 PLACE OF BURIAL GR REMOVAL DATE OF BURIAL NO. 191
Filed Des 17, 1915 4 1 7 REGISTRAR	20 UNDERTAKET B Moone ADDRESS
If more blanks are needed, address State Regis trar,	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry; and therefore an who have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Call "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necminc, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of Injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Duenperal scottichac ctc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: "Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," "Tracmla," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name orlgin; "Can or as probably Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH  County Lacett 21716  Wear Baryly L. L. (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. / / / / / / / / / / / / / / / / / / /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Male Sangle,  Market Strate  Market Strate  Market Strate  Market Strate  Market Strate  Month (Month)  Market Strate  Month (Day)  Month (Day)  Month (Day)	16 DATE OF DEATH  (Month) (Day) (Year)  17  I HEREBY CERTIFY. That I attended deceased from Left 1915, to Left 1915, that I last saw hills alive on Left 1915
TAGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1/4 m, The CAUSE OF DEATH* was as follows:
patitular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Onlument (Secondary)  (Duration) yrs mos & ds.
10 NAME OF FATHER GLORGE R PAUGH  11 BIRTHPLACE OF FATHER (State or country) Laweth bo  12 MAIDEN NAME OF MOTHER AMADEM	(Signed) (Signed) (M.D.)  (Signed) (M.D.)  (Signed) (M.D.)  (Address) (Address) (M.D.)  *State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  Informant)  Lary  Informant	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place of death / 4 yrs. 4 mos. 7.2 ds. State / 4 yrs. 4 mos. 5.7 ds.  Where was disease contracted, If not at place of death?  Former or usual residence.
Address) Rasmung Mun Filed PLO 17, 191 5 a US TR REGISTRAR	Date of BURIAL OR REMOVAL  Laurett les  20 UNDERTAKER  Pariets & Kight Katsmilly mil
if more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Equesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborerstatement. it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single-word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DIRKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. childbirth or misearriage, as "Puerperal septicharture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus." "Old Age." "Shock," "Taemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Never report Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1. Z. B.

Cour	nty Marina Garrero MA	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Villa	age or City Muleus (No,	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	ferree 4 COLOR OR RACE 5 SINGLE MARRIED, WIOOWEO OR DIVORCE O (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 /HEREBY/CERTIFY, That I attended deceased from
7 AG	May	that I last saw he alive on the date stated above, at I me the CAUSE OF DEATH * was as follows:
S (b	CCUPATION a) Trade, profession, or rrilcular kind of work b) General nature of lodustry siness, or establishment in hich employed (or employer)	(Ouration) yrs. mos. ds
11	10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  OF FATHER (State or country)  TORRIGHMENT OF COLY	Contributory Secondary  Secondary  (Signed)  (Signed)  State the Dibrase Caubing Dharm, or, in deaths from Violent Caubes, state (1) Means of Injury; and (2) whether Accidental,
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of dath
15 Fil	(Address) Kitzmiller M  (Address) Kitzmiller M  Régistran  If more blanks are needed, address State Registran.	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  Foliatoria  ADORESS  Tilgmeller, Mar

21715

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," very important, so that the relative healthful-For persons who have no occupation whatever, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, meninunqualified, is indefinite);

state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably such, if impossible genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childcte., when a definite disease can be ascertained as the "Anaenia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tunor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Caneer" is less definite; avoid use of or miscarriage as "Puenperal septichaemia, The nature of the injury, as fracture of skull railway train-accident; Revolver The contributory (secondary or intercur-State cause Never (Recommendations report mere mound



V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Garres	CERTIFICATE OF DEATH
	Registration Dist. No. 166
Village or City (No	St; Ward)  [If death occurred in a heapital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Henrie While on or olvorceo (Write the word)	16 DATE OF DEATH AZA 30 , 1915 (Month) (Day) (Year)
© OATE OF BIRTH  (Month)  (Day)  (Your)	that I last saw hallve on
7 AGE  60 yrs.   mes.   7 ds.   or mis.?	I still that death occurred on the date stated above, at
OCCUPATION (a) Trade, protession, or particular kind of werk (b) General nature of ladustry business, or establishment in which employed (or employer)	(Buretlen) 2 yrs. mee. de
10 NAME OF FATHER BOLLER & Farter	Contributory Secondary  (Buralton) yre mee de (Signed)  (Signed)  (Bigned)
UN 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  4	*State the Disease Causino Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of death yes mes ds. State, yes mes de Where was dissess contracted, if not et place of death?
(Address) Doelland Mid  16 Jan W., 1916 Mark S. White  REGISTRAN	Former or equatives described and the second

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

# THE SALE OF THE STATE OF THE ST

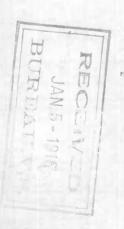
### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthfulwrite None. know (a) the kind of work and also (b) the nature of the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa--Coal mine, etc. many occupations a single word or term on the various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningitished, is indefinite); Tuberculosis of lungs, meningitished.

under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," ''Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of "Dropsy," "Exhaustion,"



÷.	
No.	
202	
>	

15

#### state should ION is OCCUPATION PHYSICIANS RECORD PERMANENT properly X Supplie UNFADING 50 WITH back pinou ATH in plain instructions DEAT WRITE 50 PO CAUSE mport

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:...Ward) a hospital or institution. give its NAME Instead uf street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw has alive on 12-(Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 7:30 Pm. 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) .....yrs....yrs. which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs, ..... mos. .... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_\_ ds Where was disease contracted. If not at place of death? .... usuai residence. 19 PLACE OF BURLAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

A REGISTRAR

20 UNDERTAKER

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." lnjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puenpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can Bronchopncumonia is iess definite; avoid use of "Tumor" for malig-The contributory tctanus) may be stated under Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of (secondary), 10 ds. (secondary or intercurrent) the head Never report



Every

m Z

PHYSICIANS

	<sup>2</sup> FULL NAM	ME W	6.	Sh	ian
PERSONAL AND STATISTICAL PARTICULA				ARS	
3 SE		Phier	5 SINGLI MARRI WIDOW OR DIV (Write to	ED, S	Have
G DA	TE OF BIRTH	· · (Mon	uk	(Day)	Up.
7 AG	E	(Mon	th)		if LESS 12 1 day,h
100	CCUPATION ) Trade, profession, or tichlar kind of work	yrs.	Mes.		OR MIN.
(b)	CCUPATION ) Trade, prafession, er ficular kind ef work ) General nature of ladus inces, er establishment chempleyed (er empleye RTHPLACE (State or country)	lry  a  8r)		ague	OR MIN.
W (b)	ticular kind of work	lry  a  8r)	La	ague	(
STN9	General nature of ladus less, or establishment ch employed (or employe RTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)	ler ler ler y) ler	La	ague	OR NIN
S Bt wh	General nature of lodus loss, or establishment ch employed (or employe RTHPLACE (State or country)  10 NAME OF FATHER	les les les y) les	La	ague	OR MIN

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 166

Ward)	[if death eccurred in a hespital or institution, give its NAME instead
	Pito tin tibute material

of street and number. ] MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above. The CAUSE OF DEATH \* was as follows: (Buration) Contributory Secondary \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS In the State, \_\_\_\_\_yrs. \_\_\_\_mes. of doath ......yrs. .....mee. .....de. Where wee disease contracted. if not at place of death? Ferster or usual reeldence



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned, by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonilis," etc. State cause for which birth or miscarriage as "Puerperal seplichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, "Heart failure," "Haemorrhage," "Inanition," "Maras-"Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercur-Never report mere important.



should state OCCUPATION IS Very PHYSICIANS o PERSONAL AND STATISTICAL PARTICULARS Exact statement PERMANENT EXACTLY. S SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED, ORDIVORCED (Write the word) BINDING 6 DATE OF BIRTH stated properly classified. (Month) 4 pe 7 AGE S pinous 0 INK-THIS Ú. SOCCUPATION AGE (a) Trade, protession, or RESERVED (b) General nature of industry, carefully supplied. may be business, or establishment in UNFADING which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that It 10 NAME OF FATHER 80 jo MARGIN WITH pe 11 BIRTHPLACE DEATH in plain terms, See Instructions on back PARENT OF FATHER (State or country) pinous PLAINLY, 12 MAIDEN NAME Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE ō OF Item CAUSE OF (Address) S. No. m

PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. /6

Have Mary, Elizas	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
IAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE  MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH December 3/3/, 1915  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
Geril 30, 1866  (Month) (Day) (Year)  1 t LESS than 1 day, hrs. 0 or Lewrol house work	that I last saw here allow on Dec 23rd 1915, to Describer 31 8, 1915, that I last saw here allow on Dec 23rd 1915 and that death occurred on the date stated above, at 430 a/m, The CAUSE OF DEATH* was as follows:  Mitral Regungatorion
industry, Deveralhous work ment in her own house Darrett, Co. md Vlaca Myers	(Signed X) 1815 (Address) Freedoodly
TRUE TO THE BEST ON MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death 3.5 yrs. — mos. — ds. State 4.9 yrs. 8 mcs. I ds. Where was disease contracted, at Place 2 death.
Josea: Morras  Jud  Jud  Jud  A 1916 Multitud  Registran  If more bianks are needed, address State Begistra	Former or usual residence Manal  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  21 UNDERTAKER  22 UNDERTAKER  23 UNDERTAKER  24 UNDERTAKER  25 UNDERTAKER  26 UNDERTAKER  27 UNDERTAKER  28 UNDERTAKER  29 UNDERTAKER
If more blanks are needed, address State Registra:	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

brisionel

#### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative lealthfulmine, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Putereral septichaccause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitie," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion, Never repor Examples: For viod8.



PLACE OF DEATH 21722	STATE OF MARYLAND
County Sarrell	CERTIFICATE OF DEATH Registered No. 166
Village or City Carcland, RD, (No	St; Ward)  [If death occurr a hospital or lastit give its NAME lo ef street and numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married wisowers, Married wisowers, Wisowers, Wisowers (Write the word)	18 DATE OF DEATH    Society   2   191     (Month) (Day) (Year   17   1   HEREBY CERTIFY, That I attended deceased f
Month) (Day) (Year)	I do me thatel.
7 AGE 62 yrs. 2 mos. 13 ds. 08min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) Genoral nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
State or country)  10 NAME OF FATHER  William Engle  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  Detsey Albright	(Signed) // (Signed) // (Signed) // (Address) // (Address
BIRTHPLACE (State or country) Unichown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEM ON RECENT RESIDENTS) At place to the of death yrs, mos, ds, State yrs, mos, there was disease contracted,
(Informant) Mrs. W. C. Welch,	If not at place of death?  Former or  usual residence
(Address) Carcland, Md.  15 Filed Dec. 14" 1915 Mars S. White Dep. L. REGISTRAR	20 UNDERTAKER ADDRESS CARLAND, M
If more blanks are needed, address State Registre	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question minc, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important; so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the nisrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATH'S State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicmia," "Tuerferal peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. valvular heart disease; Okronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallyture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

